

AN EVALUATION OF MATERNAL HEALTH CARE SERVICES IN PRIMARY HEALTHCARE CENTERS (PHC) IN THANJAVUR DISTRICT TAMIL NADU

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ABSTRACT

This study covers the services of Primary Healthcare Centers in Thanjavur District. It examines the visitors' view of how they utilized these PHC Services. The study concentrates on How PHC helps to the rural population. Moreover, what are factors controlling PHCs. To identify the challenges that prevent PHCs from utilizing resources, the study has been conducted in All PHCs of Thanjavur district. A survey was done on the PHC users and asking about their services. The main purpose of this study is to evaluate the current services of PHCs in Thanjavur district from the perspective of patients. A Questionnaire created and used to collect the information using by direct investigation method. The questions asked to mother and collect feedback directly. From the Findings, the PHCs of Thanjavur district is good in providing health services. It observed that the people effectively utilizing the services of PHC and Health sub-centers for vaccination and emergency basis. They have awareness about the utilization of PHC services, drugs, vaccinations and Government schemes. The contribution of village nurses is to improve the people's knowledge about PHCs Services in their area. Frequent awareness programs is required to reach government schemes among users.

KEYWORDS: Primary Health Center, Maternal Health, Patient, Village Nurses & Respondents

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INTRODUCTION

Nowadays, society is decided to create awareness between people like "A Healthy Society is an indication of Wealthy Nation." A primary health center provides health care services for economically backward people. Primary health centers started from the ideal of healthcare that was received in the declaration of the International Conference on primary health care held in, "Alma Ata," Kazakhstana in 1978. According to WHO (World Health Organization) goal is "Health for all." The ultimate goal of PHC is to give better health services to all. PHC is a federally qualified center that provides primary health care services, maternal, and healthcare, including family planning, education on health problems. It also explores how to control them and adequate and safe water supply and sanitation.

STUDY AREA

Thanjavur district is located between 10° 47' to 13.19" North latitude and 79° 8' to 16.17" East longitude. It is bounded by the districts on the north by Thiruchirapalli and Cuddalore, on the east by Tiruvarur and Nagapattinam, on the south by Palk Strait and Pudukkottai and Thiruchirapalli districts. The total geographical area of Thanjavur district is 3,602.86 sq.km. Thanjavur district is divided into Eight taluks for administrative purposes

namely Kumbakonam, Orathanadu, Pabanasam, Pattukkottai, Peravurani, Thanjavur, Thiruvaiyaru and Thiruvudaimarudur and district have 68 PHCs.

"Health is a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity"-World Health Organization (WHO). Maternal health is very important for child health. Many mothers affected due to the distance of the health centers, poor and low quality of life – especially in developing countries. A Healthy child needs a healthy mother. A wealthy nation needs healthy children. In 1946, The Bore committee gave the concept of PHC. The Alma Ata committee declaration (1978) recommended the essential for health services to all people. This declaration emerged as a major milestone of the twentieth century in the field of public health.

RESEARCH PROBLEM

This study is completed on an evaluation of recent services in Thanjavur district PHCs in from the perspective of patients. The main aim of the study is to motivate the people for fully utilizing health services and creating awareness among government schemes and services.

RESEARCH OBJECTIVES

- To analyze the socio-economic condition of Auxiliary nurse midwife (ANM) and Prenatal mortality (PNM) of PHCs in Thanjavur district.
- To evaluate the recent services of PHCs in Thanjavur district from the aspect of patients.
- To identify the factors this is affecting the people to utilize PHCs in Thanjavur district.

REVIEW OF LITERATURE

There are several studies collected and studied. The researchers mostly contributed to the effectiveness of PHCs. According to Md Hasan Askari, "Medical geographers view towards answering the questions on who gets what, where and why with respect to illness and appropriate care. This endeavor to answer such simultaneous questions is said to start in 400 B.C. by Hippocrates."

- Utilization of primary health care services: a case study in Kannur district, Kerala – (P.V. Dhanya, 2016);
- People are obsessed with the private medical practitioners because of huge treatment costs and ineffective treatment and are now increasingly utilizing the services of the primary health centers," - utilization of the services of the PHC centers in India- an empirical study,(Khursheed Hussain Dar, 2015);
- Empowerment as a strategy for improving maternal and child health in Ethiopia. The case of the Ethiopian government initiative(Thilak Makonnen Kebede, 2013);
- Reproductive health and child health and nutrition in India: meeting the challenge(Vinod Kumar 2011),
- Primary health care and child survival in India (Chandrakant Lahariya, 2010);
- Community participation (NGO) sector is wide and well established in Maharashtra. Information transmission and motivation is needed for success in primary health care in India – community participation and primary health care in India(Anja Welschhoff, 2006);

- People are obsessed with the private medical practitioners because of huge treatment costs and ineffective treatment is now increased of the primary health centers – khurshad Hussain Dar 2015 Utilization of the Services of the PH Centers in India: An Empirical Study.
- The 28.23% of the mothers delivered at private health institutions-S. Gopalakrishnan (Utilization of Maternal Health care Services in Kancheepuram District, Tamil Nadu).
- Rajan Rushender et al. addressed the reasons why people are not utilizing the PHCs; where enlisted with the distance from the house to the PHC being the prime factor. The inconvenient timing and drugs are given by PHC only for a few days at a time forcing the patients to visit the PHC at least twice a week for medications. However, the services of the doctor at the PHCs were reported to be satisfactory

METHODOLOGY

This study is explorative, based on questionnaire survey by direct observations method. Where 804 patients have been selected based on the random sampling method and conducted a questionnaire survey in PHCs. The questions are related to education, socioeconomic status, a distance between residence & PHCs, health problems, and PHCs utilization. The SPSS statistical tools are used to find out the significant and outcome of the study.

The study is made only in primary health care centers in Thanjavur district; therefore, the results are not representative of the whole population; there are fourteen blocks are selected and survey made. The period for the distributing of the questionnaire and then collecting data was limited which is discussed in Table 1

Table 1: Education and Socio, Economic, and Demographic Status

S. No.	Variable Number	Name of the Variables	Factor Loading
1	24	suffer from any other diseases	.946
2	34	Test taken Place	.921
3	11	Household	.885
4	32	Immunization Test	.871
5	13	Toilet Facilities	.729
6	16	Residence to PHC Distance	.619
7	9	House Type	.519
8	2	Education	.448
9	42	Medical checkup	.414
10	25	Regular treatment	-.103
11	30	T.T	-.227
Eigen value 12.334		% of variance 22.025	Cumu.% 22.025

Table 1 observed the Eigen value 12.334, Percentage of variance 22.025 and Cumulative Percentage 22.025. Factor loading of treatment taken place is 0.921. The people belong from agricultural labors and where occupation factor loading is 0.416. The income of wife is 0.360. Therefore, they are not able to spend more money for hospital expenses. Household items are 0.885 like as Fan, TV, Radios, Bicycle, Motorcycle and toilet facilities (0.729) are positively loaded on this factor. Because the government provided them free of cost.

Table 2: Ages Classification of User

Age Group	Frequency	Percentage
Below 20	85	10.6
21 – 25	412	51.2
26 – 30	259	32.2
31-35	48	6.0
Above36	1	.1
Total	805	100

According to Table 2, there are 80 Participants are participated in this Survey. Nearly half (51.2%) of respondents were in the age group between 21 -25 years. They were more than 259 participants aged between 26 – 30 years who were 32.2% and above 36 age group is 1%.

Table 3: Education Classification of User

	Education	Frequency	Percent
Valid	Uneducated	81	10.1
	Elementary	282	35.0
	High School	287	35.7
	Higher Education	114	14.2
	College Education	41	5.1
	Total	805	100.0

Based on Table 3, the respondent's educational status is illiterate (10.1%), elementary (35%), high school (35.7%), higher secondary (14.2%), college education (5.1%). Their monthly income status reveals that < 10000 (91.8%), 10001 to 15000 (7.3%), 15001 to 20000 (0.4%), above 20000 (0.4%). Therefore, the people's socio economic conditions are poor in this region.

Table 4: Income of Husband

	Income	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 10000	739	91.8	91.8	91.8
	10001 to 15000	59	7.3	7.3	99.1
	15001 to 20000	3	.4	.4	99.5
	Above 20000	4	.5	.5	100.0
	Total	805	100.0	100.0	

As per the observation of Table 4, it is noticed that Thanjavur is an Agricultural region. Most of the people involved in agricultural and its allied activities. Where the participants 91.8% of earned below 10000 per month. They are agricultural laborers and they depend on government hospitals only. People like to visit nearby hospitals. They do not want to travel long distances. Therefore, the nearby PHCs are very useful for people and free medicines encourage the people came to PHC.

Table 5: PHC Providing Services Details Analysis

No	Variable Number	Name of the Variables	Factor Loading
1	39	HIV Test	0.953
2	23	Opinion of PHC	0.722
3	35	Scan	0.626
4	16	Distance to PHC	0.473

Table 5: Contd.,			
5	46	Delivery Place	0.354
6	18	Time spent to see Doctor	0.240
7	22	Free Medicines	0.120
8	25	Regular Treatment	-0.101
Eigen value 3.664		% of variance 6.542	Cumu.% 28.567

Based on Table 5, it shows the test details. At the time of Pregnancy, there are two tests namely as HIV and Scan which are most important. These two tests are available in government hospitals. The factor loading of HIV Test is 0.953, and Scan (0.626. The distance to the PHC factor is 0.473.

Table 6: Role of Government Schemes

No	Variable Number	Name of the Variables	Factor Loading
11	44	Muthu Lakshmi Reddy fund received in time	0.855
22	43	I Half amount received	0.828
33	40	Availed ICDS Scheme	0.318
Eigen value 2.922		% of variance 5.218	Cumu.% 33.785

According to Table 6, the cash assistance will be given in two installments like 4000 INR on conditional release and restricted for the first two deliveries only. The pregnant mother should be of age 19 years and above. The pregnant woman should be in the below poverty line (BPL). This cash assistance will be given to every pregnant woman:

- who avails all required antenatal services during pregnancy in concerned PHC
- Mother who delivers in the government institutions (PHC, GH, Health centers.).

Integrated Child Development Services (ICDS) provides food, pre-education, and health care to children less than 6 years of age and their mothers. ICDS linked to Anganwadi centers established mainly in rural areas. The amount is very useful for the health care of pregnant women. The factor loading of Muthulakshmi Reddy is 0.855; I half received 0.828 and availed ICDS Scheme 0.318. This scheme provides healthy food for pregnant women.

FINDINGS AND CONCLUSIONS

Education level is increased in the Study area when compared to Male the Female Education is higher. From the observations the household facilities (0.885), Toilet facilities are satisfied. The income of wife is very low (-0.360). Therefore, they are economically dependent. Muthu Lakshmi Reddy scheme is very much helpful for pregnant women. Free medicines, free cost of Vaccination, scan and Tests are encouraged the people to visit PHCs. Well, known Nurses, Doctors are also the encouraging factors for people to move to nearby PHCs. Role of village Nurse is important for the development of maternal care. The method sustained and focused on IEC campaign to improve the awareness amongst a community. It will help for improving the community participation leading to sustain and improve the quality, accessibility, and utilization. The maternal health care services are provided by the government agencies as in spite of cash benefit available to the mothers delivering at government health institutions under Janani Suraksha Yojana (NRHM) & 24 hours functioning of PHCs.

The utilization of primary healthcare services (PHC) is better for antenatal health care and postnatal care (PNC). For the treatment of family welfare services, emergency basis, insect bite, prefers other health care sources because of the limitations. The reasons for better utilization of primary care for preventive and primitives services such as ICDS

nutritional supplementation, tetanus toxoid immunization, HIV Test, child immunization could be because of awareness, availability, and motivation of the beneficiaries.

RECOMMENDATIONS

- Increasing the number of Beds
- Advanced laboratory facilities, and Scan centers.
- Permanent doctors should be available in Twenty-four hours.
- Create awareness about postnatal care, child vaccination, hygiene, and nutritional diet.

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